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To: Examiner Jason T. Whipkey
Art Unit 2612
At: United States Patent and Trademark Office
Fax No. 703-872-9306
Phone No. 703-305-1819
From: Mariah Moorhead
Date: January 31, 2005
No. of Pages: 13 (including cover sheet)
U.S. Serial No.: 09/609,057
U.S. Filing Date: June 30, 2000
RE: Attorney Docket No.: 903A

Reply to Office Action

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PTO/SB/21 (08-04)

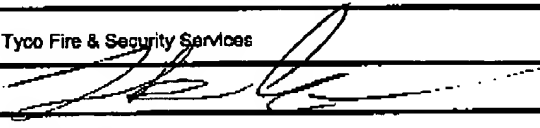
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/809,057	
	Filing Date	June 30, 2000	
	First Named Inventor	John Douglas Wulf	
	Art Unit	2612	
	Examiner Name	Whitkey, Jason T.	
Total Number of Pages in This Submission	12	Attorney Docket Number	C4-903A

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <div style="text-align: center;">CUSTOMER CODE NO. 26799</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Tyco Fire & Security Services		
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Printed name	Frank A. Cone		
Date	January 31, 2005	Reg. No.	38,412

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Mariah Moorhead	Date	January 31, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/809,057 Filing Date June 30, 2000 First Named Inventor John Douglas Wulf Examiner Name Whipkey, Jason T. Art Unit 2612 Attorney Docket No. C4-903A	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)			

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1346 Deposit Account Name: Tyco Fire & Security

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

31-24 - 20 or HP = 7 x 50 = 350.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

3 - 3 or HP = 0 x = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 3 month extension fee \$1,020.00

\$1370.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,412	Telephone 561-981-4366
Name (Print/Type)	Frank A. Cona	Date January 31, 2005	

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(Depositor's Signature)

Mariah Moorhead (Depositor's Name)

In re Appln of: Wulf, et al. Atty Docket: C4-903A
Title: INTEGRATED ENCLOSURE FOR VIDEO SURVEILLANCE
 CAMERA
Serial No.: 09/609,057 Art Unit: 2612
Filed: June 30, 2000 Examiner: WHIPKEY, JASON T.

AMENDMENT A

Mail Stop: Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This in response the Official Action in this case mailed July 30, 2004. This response is being filed within the sixth month of statutory period set for reply. Applicants petition for a three month extension of time for filing the response. As provided below, please charge Deposit Account No. 19-1346 for any required fee.